



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

Elite Healthcare North Dallas

**Respondent Name**

Indemnity Insurance of North America

**MFDR Tracking Number**

M4-14-3496-01

**Carrier's Austin Representative**

Box Number 15

**MFDR Date Received**

July 25, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "After reviewing the additional payments and response from the carrier, we have found that the **10/22/13 date of service is the only remaining payment owed in the amount of \$119.22.** The carrier stated this date of service was paid on two occasions totaling \$433.26, which is correct, however, **not the full amount billed which is \$552.48.**

Please note, the remaining \$119.22 owed is for a **office visit, which was billed with a work status report.** The work **status report was paid, and in order to complete a work status report, an office visit is required."**

**Amount in Dispute:** \$119.22

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "DOS: 10/22/13 – Our system shows charges were allowed for payment under case id #00GB1331207182 a payment was issued on 11/11/13 in the amount of (\$418.26). And a payment was issued on 11/7/13 in the amount of (\$15.00.)"

**Response Submitted by:** Gallagher Bassett

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 22, 2013	99213	\$119.22	\$119.22

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for billing and reimbursing professional medical fees.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 16 – Claim/service lacks information which is needed for adjudication.
  - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

- 18 – Duplicate claim/service

## Issues

1. Did the requestor provide documentation to support the charge for CPT Code 99213?
2. Is the requestor entitled to additional reimbursement?

## Findings

1. 28 Texas Administrative Code §134.203(b)(1) states, in pertinent part, “for coding, billing reporting, and reimbursement of professional medical services, Texas Workers’ Compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; ... and other payment policies in effect on the date a service is provided...” Review of the submitted documentation finds that the requestor performed an office visit for the evaluation and management of an established patient.

The American Medical Association (AMA) CPT code description for 99213 is:

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: **An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity** [emphasis added]. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare guideline to determine the documentation requirements for the service in dispute. Review of the documentation finds the following:

- Documentation of the Expanded Problem Focused History:
    - “A *brief* [History of Present Illness (HPI)] consists of one to three elements of the HPI [or may include the status of 1-2 chronic or inactive conditions].” Documentation submitted consists of five elements of the HPI included. This requirement has been met.
    - “A *problem pertinent* [Review of Systems (ROS)] inquires about the system directly related to the problem(s) identified in the HPI.” Documentation finds one system was reviewed (musculoskeletal, which was pertinent to the condition documented in HPI). This element has been met.
    - A Past Family, and/or Social History (PFSH) is not required for this component.
- The Guidelines state, “To qualify for a given type of history all three elements in the table must be met.” A review of the submitted documentation indicates that all elements were met for this component of CPT Code 99213.
- Documentation of the Expanded Problem Focused Examination:
    - An “*expanded problem focused* [examination should include] a limited examination of the affected body area or organ system and any other symptomatic or related body area(s) or organ system(s).” A review of the submitted documentation finds that a limited examination was performed only for the affected body system (musculoskeletal). Therefore, this component of CPT Code 99213 was not met.
  - Documentation of Decision Making of Low Complexity:
    - *Number of diagnoses or treatment options* – Review of the submitted documentation finds that there were no new diagnoses presented, but that established diagnoses were worsening, meeting the documentation requirements for limited risk and low complexity.
    - *Amount and/or complexity of data to be reviewed* – Review of the documentation finds that the requestor ordered testing from the medicine section of the CPT Code rules, meeting the documentation requirements for minimal complexity of data reviewed.
    - *Risk of complications and/or morbidity or mortality* – Review of the submitted documentation finds that presenting problems include one or more chronic conditions with mild exacerbation. An EMG/NCV was ordered. Recommendation was to continue physical therapy. These elements represent a moderate risk factor/complexity.

“To qualify for a given type of decision making, **two of the three elements ... must be either met or exceeded.**” A review of the submitted documentation supports that this component of CPT Code 99213 was met.

Because two components of CPT Code 99213 were met, the requestor supported the documentation requirements to support the charges in dispute.

Procedure code 99213, service date October 22, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.97 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.97873. The practice expense (PE) RVU of 1.1 multiplied by the PE GPCI of 1.017 is 1.1187. The malpractice RVU of 0.07 multiplied by the malpractice GPCI of 0.834 is 0.05838. The sum of 2.15581 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$119.22.

The total allowable reimbursement for the services in dispute is \$119.22. This amount less the amount previously paid by the insurance carrier of \$0.00 leaves an amount due to the requestor of \$119.22. This amount is recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$119.22.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$119.22 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### **Authorized Signature**

_____	_____	February 4, 2015
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**